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APPLICANTS

Norbert Rahn, Forchheim, GERMANY;
Siegfried Wach, Hoechststadt, GERMANY;
Rainer Graumann, Erlangen, GERMANY;
Johannes Bieger, Erlangen, GERMANY;
Gerold Herold, Erlangen, GERMANY;
Gerd Wessels, Effeltrich, GERMANY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

SCHIFF HARDIN LLP
PATENT DEPARTMENT
6600 SEARS TOWER
CHICAGO ,IL 60606-6473

TITLE

MEDICAL WORKSTATION, IMAGING SYSTEM, AND METHOD FOR MIXING TWO IMAGES

FILING FEE RECEIVED 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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